Boarder Health Insurance Card Form

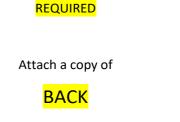
ATTACH a FRONT & BACK Copy of INSURANCE CARD Information HERE

REQUIRED

Attach a copy of

FRONT

of your Health Insurance Card



of your Health Insurance Card

Name of Parent Policy Holder: _____

Date of Birth of Parent Policy Holder: _____

Check here if you have enrolled your child in the United Healthcare Insurance Plan through our school